



BUSINESS TAX RECEIPT AFFIDAVIT

THIS IS TO CERTIFY THE FOLLOWING BUSINESS TAX RECEIPT INFORMATION:

BUSINESS ACCOUNT NUMBER: _____
BUSINESS NAME: _____
BUSINESS OWNER: _____
PHYSICAL ADDRESS OF BUSINESS: _____

- I am no longer an officer/owner of the above business and request my name be taken off the Business Tax Receipt.
- As owner of the above listed business, I affirm my Business Tax Receipt has been lost or destroyed and authorize a duplicate printed receipt be issued and given to:
_____.
- As owner of the business listed above, I certify that I am no longer in business, as of _____, and am unable to surrender my Business Tax Receipt because it has been lost or destroyed.
- I verify _____ resides at this location and, as owner of the above listed residential property located in unincorporated Seminole County, I do authorize the use of this residential address as their business address. I understand it is the responsibility of the property owner and business owner to verify zoning requirements.

Property Owner Signature _____ Date _____

- My business is no longer located in Seminole County.
- My business is located in a Participating City.
- I verify I have not been operating my business from _____ to _____.

UNDER PENALTY OF PERJURY, I DECLARE I HAVE READ THE FOREGOING DOCUMENT AND THE FACTS STATED IN IT ARE TRUE.

Date _____

Printed Name of Owner/Officer

Signature of Owner/Officer

Printed Name of Co-Owner/Officer

Signature of Co-Owner/Officer